Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

0725327

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8				-	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED .		NUMB	BER EXTRA		BASIC FEE		OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			> minus 20= '		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = 1		* 0			X43=		OR	X86=	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in colum			olumn 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL	
		(Column 1)	1	(Column 2) HIGHEST		(Column 3)	`		ADDI-	1		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CLAINA	=		X43=	_	OR	X86= .	
<u> </u>	FIRST PRESE	INTATION OF IM	JETIPLE DEF	ENDENI	CLAIM			+145=	1	OR	+290=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		: X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			.145	<u>:</u>		+290=	
								+145= TOTAL	:	OR	+290= TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	